

APPLICATION DATA SHEET

Application Information

Application Number:: Not yet assigned
Filing Date:: Herewith
Application Type:: Regular
Subject Matter:: Utility
Title:: Devices for Minimally Invasive Pelvic
Surgery
Attorney Docket Number:: BSC-081C3
Total Drawing Sheets:: 76
Small Entity?: No
Licensed US Govt. Agency:: No
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Barry
Middle Name:: N.
Family Name:: Gellman
Name Suffix::
City of Residence:: N. Easton
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 19 Pebblebrook Road
City of Mailing Address:: N. Easton
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02356

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Rodney
Middle Name::
Family Name:: Brenneman
Name Suffix::
City of Residence:: San Juan Capistrano
State or Province of Residence:: CA
Country of Residence:: USA
Street of Mailing Address:: 34002 Las Palmas Del Mar
City of Mailing Address:: San Juan Capistrano
State or Province of Mailing Address:: CA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 92675

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: David
Middle Name::
Family Name:: Sauvageau
Name Suffix::
City of Residence:: Methuen
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 147 Old Ferry Road
City of Mailing Address:: Methuen
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 01884

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA

Status:: Full Capacity
Given Name:: William
Middle Name::
Family Name:: Pintauro
Name Suffix::
City of Residence:: Ft. Lauderdale
State or Province of Residence:: FL
Country of Residence:: USA
Street of Mailing Address:: 3400 Galt Ocean Drive, Apt. 1905S
City of Mailing Address:: Ft. Lauderdale
State or Province of Mailing Address:: FL
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 33308

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Rodney
Middle Name::
Family Name:: Appell
Name Suffix::
City of Residence:: Shaker Heights
State or Province of Residence:: OH
Country of Residence:: USA
Street of Mailing Address:: 3157 Kingsley Road
City of Mailing Address:: Shaker Heights
State or Province of Mailing Address:: OH
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 44122

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity

Given Name:: Armand
Middle Name:: A.
Family Name:: Morin
Name Suffix::
City of Residence:: Berkley
State or Province of Residence:: MA
Country of Residence:: USA
Street of Mailing Address:: 24 Locust Street
City of Mailing Address:: Berkley
State or Province of Mailing Address:: MA
Country of Mailing Address:: USA
Postal or Zip Code of Mailing Address:: 02779

Correspondence Information

Correspondence Customer Number:: 021323

Representative Information

Representative Customer Number:: 021323

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	10/015,114	11/12/2001
10/015,114	Continuation of	09/023,965	02/13/1998
09/023,965	Non-provisional of	60/038,171	02/13/1997

Assignee Information

Assignee Name:: SCIMED Life Systems, Inc.
City of Mailing Address:: Maple Grove
State or Province of Mailing Address:: MN
Country of Mailing Address:: USA